ADULTS' INFORMED CONSENT FORM-ENGLISH

Project title	Critical thinking about health claims and choices in Uganda (Informed Health Choices Project). Version 1.0 dated: 8th May 2020
Sponsor:	The Research Council of Norway
Study Principal Investigator	Prof. Nelson K. Sewankambo
Co-investigators	Mr. Ronald Ssenyonga Dr. Daniel Semakula Ms. Allen Nsangi
Addresses:	Makerere University, College of Health Sciences New Mulago Hospital Complex, Clinical Research Building 2nd floor P.O.Box 7072, Kampala, Uganda Phone: 0312109456
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1. INTRODUCTION

My name is _____. The Informed Health Choices project on critical thinking about health claims and choices in Uganda is a research collaboration that seeks to improve health literacy by developing and testing resources that can be used by the public to appraise health information.

In Uganda, the study is being conducted by researchers from Makerere University College of Health Sciences and will involve continuous interaction with students, teachers and policy makers.

You have been identified as one of the key persons that can participate in this study and we are therefore seeking permission for you to participate in this study. The information in this document is meant to help you decide whether or not to take part in this study but first there are a few things to note.

- We anticipate that once you agree, you will be in the study for a period of 2.5-3 years.
- You will be offered a copy of this form for your reference.
- Please feel free to ask if you have any questions or concerns at any time before the start or during the conduct of the research.

2. WHY IS THIS RESEARCH BEING CONDUCTED?

The aim of the collaborative research project is to improve population health outcomes by improving health literacy in low-income countries. We will do this by developing and evaluating teaching resources for school students and policy makers.

3. HOW WILL THE STUDY BE CONDUCTED?

This project will be implemented using the strategy below for improving health literacy:

i) The development of teaching resources for school children to improve their ability to appraise and use information about the effects of health care services/ interventions made available to them.

The Research project is conducted under 3 different phases, some of which have been completed, one following on the other.

- Phase one included: **Priority setting, context analysis and stakeholder involvement**.

This informed the process of making decisions on how best to allocate the limited resources, analyze the environment in which the learning resources will be introduced and ensure participation of interest groups in planning and the decision-making process.

- The second phase focused on **Resource development, claim evaluation, piloting and user testing.**

Development of leaning resources and testing their user experience that include; usefulness, reliability, attractiveness, worth and ease to find, use.

- Phase three is what we are seeking your consent for and will concentrate on **Process evaluation and Evaluation of the resources developed (Randomised Cluster Trial).**

The learning resources will be evaluated in community trials testing the effectiveness of the developed resources in improving health literacy among the target audiences for teachers and students.

4. POSSIBLE RISKS TO YOU

We anticipate that your participation in the study/research presents no risk to you as an individual. However, participation in this study might in some way interfere with your work if you are required to participate in the study activities during working hours.

5. POSSIBLE BENEFITS TO YOUR CHILD

There will be no direct benefit to you from participating in this study and there is no promise of gaining any material or financial benefit from the project currently or in the future.

Your participation in the study could contribute to gaining knowledge that will be used to design resources aimed at improving population health outcomes by improving health literacy in low income countries. You will be equipped with skills to enable you obtain, process and understand health information that you need to make appropriate healthcare decisions. You will benefit from free health information.

6. COST TO THE PARTICIPANT

You will incur no cost whatsoever as a result of taking part in the study.

7. COMPERSATION

You will not gain any form of monetary or otherwise for participating in the study but appropriate compensation for time that may cover meals and transport expenses of up to 20,000/= will be reimbursed whenever you attend any study related meetings and workshops.

8. CONFIDENTIALITY

The information you give during the conduct of this research will be kept confidential in accordance to the ethical standards agreed upon by the local and international organizations governing the conduct of research involving human participants.

Any information resulting from this study, if published in scientific journals or presented to policy makers or scientific meetings, will not reveal your identity.

9. RIGHT TO REFUSE/ WITHDRAW YOUR CHILD'S PARTICIPATION

Your participation in this research is purely voluntary and you are free to decline to take part, or withdraw at any time without any repercussions.

10. QUESTIONS ABOUT THE RESEARCH

In case of any further questions, please contact Professor Nelson K. Sewankambo, the Principal Investigator at Makerere University, College of Health Sciences, P.O.Box 7072, Kampala Uganda: Tel: 0414530021 or Mr. Ronald Ssenyonga, Ms Allen Nsangi, Dr. Daniel Semakula, co-investigators on 0700733108, 0773333629 or 0716543000 respectively.

In case of questions in regards to research ethics, you may contact Professor Ocama Ponsiano Chairperson, MakCHS School of Medicine Research and Ethics Committee; Tel 0414531875.

11. DECLARATION OF CONSENT

The information about this study has been availed and explained to me and all my questions have been answered. I have read this form and I feel that I have had enough information and time to consider my decision to allow my child participate in the study. I fully understand that by signing this form, I do not waive any of my legal rights, nor does it relieve the study investigators their duty (liability), but merely indicates that I have been informed about the research study in which I am voluntarily agreeing to take part. A copy of this form will be availed to me.

Having understood all the information pertaining to this study I therefore agree to my participation in this study by appending my signature and name below.

Research Participant

Name _____ Signature _____

Date: _____ Telephone number_____

Witnessed by

Name _____ Signature _____

Date: _____ Telephone number_____